

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: HARBOR HOUSE II (0009936)

Address: 1114 SILVER DR, BARABOO, WI 53913

License Status: REGULAR

Licensed/Certified/Registered 07/01/2003

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096893 **End Date:** 04/26/2006 **Type:** STANDARD **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008372 Served 05/11/2006

Deficiencies Cited
83.21(4)(p)

Subject Area
PROMPT AND ADEQUATE TREATMENT

Compliance
Verified

Corrected

Survey ID: 0095515 **End Date:** 08/02/2005 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008264 Served 09/15/2005

Deficiencies Cited
83.11(3)(a)
83.21(1)(a)
83.21(4)(p)
83.33(3)(a)1
83.41(10)(a)
83.41(9)
83.42(12)

Subject Area
RESPONSIBILITIES
RIGHTS OF RESIDENTS-LEGAL RIGHTS
PROMPT AND ADEQUATE TREATMENT
PRACTITIONER'S WRITTEN ORDER FOR MEDS
BUILDING MAINTENANCE
CLEANLINESS OF ROOMS
MAINTENANCE OF EXITS

Compliance
Verified

Corrected

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
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Survey ID: 0093574 **End Date:** 10/20/2004 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008063 Served 11/10/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	07/29/2005	Yes
83.32(1)(a)	ASSESSMENT AND ISP		
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX	07/29/2005	Yes
83.33(3)(c)1	CONTROLLED SUBSTANCES	07/29/2005	Yes
83.41(10)(a)	BUILDING MAINTENANCE		
83.41(9)	CLEANLINESS OF ROOMS		

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Provider Inspection Summary

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Enforcement History

Date: 05/10/2006 SOD #10008372 Appealed: Yes Decision: PENDING

Sanctions

FORFEITURE---83.21(4)(p)

Date: 09/13/2005 SOD #10008264 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.11(3)(a)

FORFEITURE---83.21(1)(a)

FORFEITURE---83.21(4)(p)

FORFEITURE---83.32(1)(a)

FORFEITURE---83.41(10)(a)

FORFEITURE---83.41(9)

Date: 11/03/2004 SOD #10008063 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.32(1)(a)

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 09/21/2005

Date Investigation Completed: 04/26/2006

Subject Area(s)

MEDICATIONS
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

NOT RECORDED

Date Complaint Received: 08/25/2004

Date Investigation Completed: 10/20/2004

Subject Area(s)

RESTRAINTS
PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY
PROGRAM SERVICES
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10008063

10008063

10008063

Date Complaint Received: 07/29/2003

Date Investigation Completed: 09/23/2003

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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